



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
 DEPARTMENT OF ADMINISTRATION
 BUILDING CODE COMMISSION
CONTRACTORS' REGISTRATION AND LICENSING BOARD
 ONE CAPITOL HILL
PROVIDENCE, RI 02908-5859

(401) 222-1270
 TDD (401) 222-6334
 FAX (401) 222-1940
WWW.CRB.RI.GOV

Claim Number:
Date:

APPEAL APPLICATION FORM

1. Person Making Complaint:			2. Respondent:		
Name	REG# / LIC#		Name	REG# / LIC#	
Company (if registered)			Company		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Phone#			Phone#		
AN APPEAL APPLICATION MUST BE ACCOMPANIED BY A \$20.00 CHECK MADE OUT TO THE CONTRACTORS' REGISTRATION AND LICENSING BOARD FOR PROCESSING					
EXCEPTION FILED BY: Person Making Complaint <input type="checkbox"/> Respondent <input type="checkbox"/>					
MOTIONS FILED BY: Claimant _____ Respondent _____					
OTHER ACTIONS: <input type="checkbox"/> Expungement <input type="checkbox"/> Reinstatement of Registration <input type="checkbox"/> Appeal of Violation <input type="checkbox"/> (Other)EXPLAIN _____					
DIVISION 4.9 (1) Claimant or contractor may file written exception if they believe that the Commission has made a procedural error or that the proposed order is not supported by evidence received at the hearing or for any other reason. To be considered, exceptions must be received by the Commission within 20 days of the date of mailing of the proposed order, accompanied by a non-refundable \$20.00 processing fee. If written exceptions are not timely received, the Commission may issue a final order.					
WRITTEN EXCEPTIONS					

(Additional space provided on back side of form)

The foregoing is true, complete, and correct to the best of my knowledge and belief

Date _____ Signature _____

OFFICE USE
ADMINISTRATIVE HEARING
DATE: _____
TIME: _____
FEE PAID: _____

[illegible]